

AO 440 (Rev. 8/01) Summons in a Civil Action

UNITED STATES DISTRICT COURT

Freedom Mortgage Corporation, District of Delaware

Plaintiff.

SUMMONS IN A CIVIL CASE

V.

Irwin Financial Corporation
and Irwin Mortgage Corporation,

CASE NUMBER: 08 - 146

Defendants.

TO: (Name and address of Defendant)

Irwin Financial Corporation
500 Washington Street
Columbus, Indiana 47201

Attention: William Miller, Chairman

YOU ARE HEREBY SUMMONED and required to serve on PLAINTIFF'S ATTORNEY (name and address)

William M. Lafferty, Esq. (#2755)
Morris, Nichols, Arsht & Tunnell, LLP
P.O. Box 1347
1201 North Market Street
Wilmington, Delaware 19899-1347

an answer to the complaint which is served on you with this summons, within 20 (twenty) days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.

PETER T. DALLEO

MAR 13 2008

CLERK

DATE

DEPUTY CLERK

SAO 440 (Rev. 8/01) Summons in a Civil Action

UNITED STATES DISTRICT COURT

Freedom Mortgage Corporation, District of Delaware

Plaintiff.

SUMMONS IN A CIVIL CASE

V.

Irwin Financial Corporation
and Irwin Mortgage Corporation,

CASE NUMBER: 08 - 146

Defendants.

TO: (Name and address of Defendant)

Irwin Mortgage Corporation
500 Washington Street
Columbus, Indiana 47201

Attention: Thomas D. Washburn, Chairman

YOU ARE HEREBY SUMMONED and required to serve on PLAINTIFF'S ATTORNEY (name and address)

William M. Lafferty, Esq. (#2755)
Morris, Nichols, Arsht & Tunnell, LLP
P.O. Box 1347
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PETER T. DALLEO

MAR 13 2008

CLERK

DATE

(BY) DEPUTY CLERK

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF DELAWARE

FREEDOM MORTGAGE
CORPORATION,

Plaintiff,

V.

IRWIN FINANCIAL CORPORATION
and IRWIN MORTGAGE
CORPORATION,

Defendants.

C.A. No. 1:08-cv-00146-GMS

AFFIDAVIT OF MAILING AND OF SERVICE PURSUANT TO D. DEL. L.R. 4.1(b)

Karl G. Randall, being duly sworn, deposes and says:

1. I am an associate of the law firm of Morris, Nichols, Arsht & Tunnell LLP, Delaware counsel for plaintiff in this action.

2. Pursuant to an Asset Purchase Agreement contract (the “APA”) between and among the plaintiff and both defendants executed on August 7, 2006, each party consented to the exclusive jurisdiction and venue of the courts of the State of Delaware, including the District Court for the District of Delaware for matters arising from the APA.

3. Section 11.7 of the APA provides that service of process for matters arising out of the APA can be accomplished between the signatories by mailing copies of any Summons and Complaint to specified addresses.

4. On March 13, 2008, in compliance with the terms of the APA, I sent copies of the Summons, Complaint, and a letter dated March 13, 2008 providing notice of the commencement of the above-captioned action (the "Notice") by registered mail, return receipt requested, to:

Irwin Financial Corporation
500 Washington Street
Columbus, Indiana 47201

and

Irwin Mortgage Corporation
500 Washington Street
Columbus, Indiana 47201

The registered mail return receipts that I received on April 1, 2008, copies of which are attached hereto as Exhibit A, show that Irwin Financial and Irwin Mortgage received and accepted the Summons, Complaint and Notice on March 27, 2008.

5. On March 13, 2008, in compliance with the terms of the APA, I sent copies of the Complaint and Notice to the defendants' designated additional recipients:

Irwin Financial Corporation
500 Washington Street
Columbus, Indiana 47201
Attention: Steven R. Schultz,
First Vice President and General Counsel

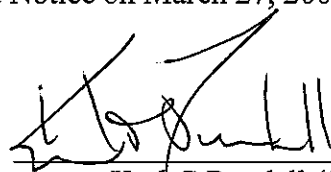
and

Irwin Union Bank & Trust Company
500 Washington Street
Columbus, Indiana 47201
Attention: Steven R. Schultz,
First Vice President and General Counsel

The registered mail return receipts that I received on April 1, 2008, copies of which are attached hereto as Exhibit B, show that Irwin Financial's and Irwin Mortgage's designated additional

INTENTIONALLY LEFT BLANK

recipients received and accepted the Complaint and Notice on March 27, 2008.


Karl G. Randall (#5054)

SWORN TO AND SUBSCRIBED BEFORE ME,
a Notary Public for the State of Delaware, County of New Castle,
this 1st day of April, 2008.



Notary Public
EXP. 10/15/08

EXHIBIT A

To Be Completed By Post Office	Reg. Fee \$	9.50	Special Delivery	\$
	Handling Charge	\$	Return Receipt	\$ 2.15
	Postage \$	4.60	Restricted Delivery	\$
	Received by	MSS		



To Be Completed By Customer (Please Print) All Entries Must Be In Ballpoint or Typed	Customer Must Declare Full Value \$	<input type="checkbox"/> With Postal Insurance
		<input type="checkbox"/> Without Postal Insurance

FROM
Karl G. Randall, Esquire
MORRIS, NICHOLS
1201 N. Market Street
Wilmington, Delaware 19801

TO
Irwin Financial Corporation
500 Washington Street
Columbus, Indiana 47201
Attention: William Miller, Chairman

PS Form 3806,
June 2000

Receipt for Registered Mail

(Customer Copy)
(See Information on Reverse)

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Irwin Financial Corporation
500 Washington Street
Columbus, Indiana 47201
Attention: William Miller, Chairman

2. Article Number

(Transfer from service label)

RA 122 436 577 US

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

[Signature]

☐ Agent

☐ Addressee

B. Received by (Printed Name)

[Signature]

C. Date of Delivery

3/27

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☐ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

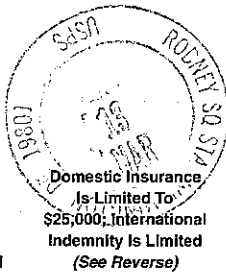
Registered Date RA 122 436550 US		Date Stamp 	
To Be Completed By Post Office	Reg. Fee \$ 4.50	Special Delivery \$	
	Handling Charge \$	Return Receipt \$ 2.15	
	Postage \$ 4.60	Restricted Delivery \$	
	Received by: MSS		
Customer Must Declare Full Value \$		<input type="checkbox"/> With Postal Insurance <input type="checkbox"/> Without Postal Insurance	
To Be Completed By Customer (Please Print) All Entries Must Be in Ballpoint or Typed		Domestic Insurance Is Limited To \$25,000; International Indemnity Is Limited (See Reverse)	
FROM	Karl G. Randall, Esquire MORRIS, NICHOLS 1201 N. Market Street Wilmington, Delaware 19801		
TO	Irwin Mortgage Corporation 500 Washington Street Columbus, Indiana 47201 Attention: Thomas D. Washburn, Chairman		
PS Form 3806, June 2000 Receipt for Registered Mail (Post Office Copy)			

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Irwin Mortgage Corporation 500 Washington Street Columbus, Indiana 47201 Attention: Thomas D. Washburn, Chairman		B. Received by (Printed Name) THOMAS D. WASHBURN	C. Date of Delivery 3/27
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label) RA 122 436 550 US			
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540			

EXHIBIT B

To Be Completed By Post Office	Reg. Fee \$ 9.50	Special Delivery \$
	Handling Charge \$	Return Receipt \$ 2.15
	Postage \$ 4.60	Restricted Delivery \$
	Received by MSS	
To Be Completed By Customer (Please Print) All Entries Must Be in Ballpoint or Typed	Customer Must Declare Full Value \$	<input type="checkbox"/> With Postal Insurance <input type="checkbox"/> Without Postal Insurance
	FROM Karl G. Randall, Esquire MORRIS, NICHOLS 1201 N. Market Street Wilmington, Delaware 19801 TO Irwin Financial Corporation 500 Washington Street Columbus, Indiana 47201 Attention: Steven R. Schultz, First Vice President and General Counsel	

PS Form **3806**, **Receipt for Registered Mail** (Customer Copy)
 June 2000 (See Information on Reverse)



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
B. Received by (Printed Name) LTRESNEL		C. Date of Delivery 3/27	
1. Article Addressed to: Irwin Financial Corporation 500 Washington Street Columbus, Indiana 47201 Attention: Steven R. Schultz, First Vice President and General Counsel		D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
2. Article Number (Transfer from service label) RA 122 436 563 US		3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
PS Form 3811 , February 2004		Domestic Return Receipt 102595-02-M-1540	

To Be Completed By Post Office	Reg. Fee \$	9.50	Special Delivery \$	
	Handling Charge \$		Return Receipt \$	2.15
	Postage \$	4.60	Restricted Delivery \$	
	Received by	MSS		
To Be Completed By Customer (Please Print) All Entries Must Be In Ballpoint or Typed	Customer Must Declare Full Value \$	<input type="checkbox"/> With Postal Insurance	Domestic Insurance Is Limited To \$25,000; International Indemnity Is Limited (See Reverse)	
		<input type="checkbox"/> Without Postal Insurance		
FROM	Karl G. Randall, Esquire MORRIS, NICHOLS 1201 N. Market Street Wilmington, Delaware 19801			
TO	Irwin Union Bank & Trust Company 500 Washington Street Columbus, Indiana 47201 Attn: Steven R. Schultz First Vice President and General Counsel			

PS Form 3806, June 2000 **Receipt for Registered Mail** (Customer Copy)
(See Information on Reverse)

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>ETRONAL</i> C. Date of Delivery <i>3/27</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>1. Article Addressed to:</p> <p>Irwin Union Bank & Trust Company 500 Washington Street Columbus, Indiana 47201 Attn: Steven R. Schultz First Vice President and General Counsel</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input checked="" type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number (Transfer from service label) <i>RA 122 436 585 US</i></p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540